Arizona Dept. of Health Services Division of Behavioral Health Services

Encounter Tidbits

Arizona Department of Health Services

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HIPAA Corner. . . .

What is a Personal Representative?

A person acting in the role of ***Personal Representative*** is treated as the enrolled person regarding access to relevant Protected Health Information unless:

1. The enrolled person is a minor and
   a. is authorized to give lawful consent, or
   b. may obtain the health care without consent of the Personal Representative, or
   c. the minor has not requested that the person be treated as a Personal Representative.

or

2. There is a reasonable basis to believe the enrolled person
   a. has been or may be subjected to domestic violence, abuse or neglect by the Personal Representative, or
   b. that treating the designated person as a Personal Representative could endanger the enrolled person, and, in the exercise of professional judgment, it is determined not to be in the best interests of the enrolled person to treat the designated person as a Personal Representative.

What is the Medicare Integrity Program?

Congress created the ***Medicare Integrity Program (MIP)*** as part of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. In HIPAA, Congress provided a stable source of funding for program integrity efforts by the Medicare program. In 1999, $560 million was provided to support a wide range of efforts by the Medicare program, including cost report audits, medical review, anti-fraud activities, and the Medicare Secondary Payer program. Funds also were authorized (pursuant to HIPAA) from the Part A Trust fund to the Health Care Fraud and Abuse Control Account for the Medicare Integrity Program. This funding will grow from $440,000,000 in fiscal year 1997 to $720,000,000 in fiscal years 2003 and beyond.

What is a Designated Record Set?

Designated Record Set means the enrollment, payment, claims adjudication, and case or medical management systems maintained by or for ADHS/DBHS as a health plan, or used, in whole or in part, by or for ADHS/DBHS to make decisions about enrolled persons. The ADHS/DBHS designated record set consists of all data fields and valid values contained in the Client Information System (CIS).

Edit Alerts

An Edit Alert is a faxed and e-mailed notice of system enhancements or changes. The Office of Program Support strives to ensure any system enhancements or changes are communicated to all program participants in an accurate and reliable manner. Edit Alerts will be distributed when the information is first made available and again with the following monthly publication of the Encounter Tidbits.

Effective 01 Oct 2003, a system enhancement to CIS will accept UB-92 inpatient encounters if the discharge day crosses over into the first day of the next month. This will improve inpatient encounter reporting and is applicable to discharge bill types only.

Effective 01 Nov 2003, the 2nd Intake Edit will be implemented and the following will be applied to any intake submitted with a client ID. If the client ID currently exists in the CIS system, the system will use the latest intake (intake date) in CIS and will perform the following checks:

1. If the current intake has no closure date, or the new intake date falls between the intake and closure date of an existing intake, the record is rejected with '*Overlaps active enrollment'* error.
2. The DOB and gender on the new intake must match the current intake exactly. If they do not match exactly, the new record is rejected with '*DOB/Sex Invalid'* error message.
3. If data exists in the SSN field on one intake and not the other, no edit of the data in the field.
4. If data exists in the AHCCCS ID field on one intake and not the other, no edit of the data in the field.
5. If the new intake includes a SSN and contains 9 zeros, 9 nines, an alpha character, or more or less than 9 digits, the record will be rejected with '*Invalid SSN*' error message regardless if override action is used.
6. If new intake includes an AHCCCS ID and contains 9 zeros or 9 nines, more or less than 9 digits, the record will be rejected with '*Invalid AHCCCS ID*' error message regardless if override action is used.
7. If the client ID, DOB, and gender match and both the new and current intake contain data in the AHCCCS ID field, the data must match exactly unless the override action is used. If the override action is not used and the AHCCCS ID data does not match, the record will be rejected with '*Invalid AHCCCS ID'* error message
8. If the client ID, DOB, and gender match and both the new and current intake contain data in the SSN field, the data must match exactly the *first nine digits* on the current intake unless the override action is used. If the override action is not used and the first nine digits of the SSN data do not match, the record will be rejected with '*Invalid SSN*' error message.

This change will enable ADHS/DBHS to be more in harmony with AHCCCS' system and will increase the number of AHCCCS Behavioral Health Recipients.

AHCCCS Encounters Error Codes

P015 – Service Provider Type Invalid for Uniform Billing Form

Review the provider identification number; make sure it is correct and that a group payment identification number has not been entered. The UB-92 form is used for all hospital inpatient, outpatient, emergency room, and hospital-based clinic charges. It also is used to bill for pharmacy charges for services provided as an integral part of a hospital service. Dialysis clinic, nursing home, freestanding birthing center, residential treatment center, and hospice services also are billed on the UB-92.

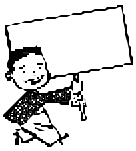
Z575 – Date of Service Already Billed on an Outpatient from Different Health Plan

Encounters are pending because the admit hour on an inpatient encounter is before the discharge hour on the competing encounter. If an outpatient encounter was submitted for DOS 11/06/2002-11/06/2002 with a discharge hour of '11' and an inpatient encounter is submitted for the same client and a different provider with DOS 11/06/2002-11/13/2002 and an admit hour of '10'. This would indicate the client was in two different facilities at the same time. Coordination of care must be communicated between the RBHAs and the other involved health plan.

Z800 – Exact Duplicate Found (Universal C Form)

Review the field's involved and all relevant data on the encounter. The most common problem is two encounters for the same recipient, date of service, and procedure code has been submitted. If unable to resolve the problem, contact your Technical Assistant.

These three errors account for 65.60% of the pended encounters at AHCCCS.



Who's Who in the Division of Behavioral Health…..

What is the Office of Human Rights?

The Office of Human Rights helps people with serious mental illness (SMI) from all over the State. Our goal is to help resolve your problems regarding your behavioral health services and to help those in need of special assistance. This is a free service for people receiving public funded behavioral health services. We offer advocacy for services and contact information for community resources. We can help with grievances, appeals, and the assurance of respectful care.

Are there benefits of implementing a Compliance Program?

Yes. Providers implementing a compliance program have taken a significant step toward assuring that they are not submitting false or inaccurate claims to Government and private payers. Compliance programs make good business sense since they may help a provider fulfill its fundamental mission of providing quality services as well as assisting in identifying weaknesses in internal systems and management.

Billing Questions…

Telemedicine

While telemedicine is not a treatment service ("modality") ADHS/DBHS does recognize real time telemedicine as an effective mechanism for the delivery of certain covered behavioral health services (see *ADHS/DBHS Policy 2.41 Use of Telemedicine*). The following types of covered behavioral health services may be delivered to persons enrolled with a T/RBHA utilizing telemedicine technology:

- Diagnostic consultation and assessment
- Psychotropic medication adjustment and monitoring
- Individual and family counseling
- Case management

A complete listing of the services that cannot be billed utilizing telemedicine can be found in *Appendix B2 Allowable Procedure Code Matrix*. Services provided through telemedicine should be billed/encountered on a HCFA 1500 as any other specialty consultation with the exception that the 'GT' modifier must be used to designate the service being billed as telemedicine.

Just a Reminder…

One of the biggest reasons claims deny, is information on the encounter/claim does not match the *Letter of Authorization (LOA)*. To prevent problems, take the time to compare the information on both the encounter/claim and the LOA.

AHCCCS Pended Encounter Deletion/Approved *Duplicate File*

When evaluating AHCCCS error codes for UB-92 encounters, please ensure *all* the associated records (header and line items) for a single UB-92 encounter are labeled with the same Action Code (A=Approved Duplicate, D=Deletion) and the same valid Reason Code. If you have any questions regarding the appropriate action for specific AHCCCS error codes, please contact your Encounter Representative.

Withdrawn Encounters

When a pended encounter is withdrawn (voluntary deletion) from the AHCCCS system, the RBHA should resubmit the encounter correctly and in a timely manner. Contractors must document the reason for deletion and maintain a record of the deleted CRN, and upon request, make this documentation available to ADHS/DBHS for review.

As mentioned in the last RBHA/IT meeting, please review the AHCCCS Pended Encounter data for issues such as...

- records that should have been voided in CIS, but have not been
- records that should not have been marked as Subvention, etc.

Medicare's Definition of Fraud

Fraud is an intentional representation that an individual knows to be false or does not believe to be true and makes, knowing that the representation could result in some unauthorized benefit to himself/herself or some other person.

The most frequent kind of fraud arises from a false statement or misrepresentation made or caused to be made that is material to entitlement or payment under the Medicare program. The violator may be a physician or other practitioner, a hospital or other institutional provider, a clinical laboratory or other supplier, an employee of any provider, a billing service, a beneficiary, a Medicare carrier employee, or any person in a position to file a claim for Medicare benefits.

Under the broad definition of fraud are other violations, including:

- The offering or acceptance of kickbacks and
- The routine waiver of co-payments.

Fraud schemes range from those perpetrated by individuals acting alone to broad-based activities by institutions or groups of individuals, sometimes employing sophisticated telemarketing and other promotional techniques to lure consumers into serving as the unwitting tools in the schemes. Seldom do perpetrators target only one insurer or either the public or private sector exclusively. Rather, most are defrauding several private and public sector victims, such as Medicare, simultaneously.

AHCCCS/DBHS Recipient Data Exchange

The new process to identify T/RBHA enrolled clients as AHCCCS behavioral health recipients was approved and put into production September 24, 2003. This new process, which is the result of several years of brainstorming and hard work by ADHS and AHCCCS staff, will not only cut production time and costs but it will speed up the identification of behavioral health recipients. In addition, the new process has automated the correction of invalid AHCCCS IDs on ADHS intakes and automated the process of resending clients to AHCCCS with an adult mental health category when they reach 18, to meet AHCCCS' requirement to qualify as an AHCCCS behavioral health recipient. Both of these additions to the process will mean less work for the T/RBHAs and a cleaner database for ADHS.

Legal Name Changes due to Adoption, Marriage or Divorce

The current AHCCCS practice is to link individuals who have had a name change due to adoption, marriage, or divorce. If they are issued a second AHCCCS ID, using the new AHCCCS ID as the primary ID and making the old AHCCCS ID a secondary ID. If the T/RBHA identifies a client with two AHCCCS IDs that have not been linked, they should notify the Office of Program Support so that AHCCCS may be contacted and a link between the AHCCCS IDs established.

ADHS/DBHS recommends that the T/RBHA close the current intake when an individual has legally changed his/her name, and open a new intake using the same client ID but with the client's new name and new AHCCCS ID, if applicable. If possible, the new intake date should correspond to the date of the new AHCCCS ID in the AHCCCS system.

If the T/RBHA does not submit a new intake, the next time a transaction is submitted to AHCCCS, the transaction may be rejected due to demographic discrepancies.

User Access Request Forms

The Office of Program Support Services must authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax a copy of the appropriate User Access Request Form and User Affirmation Statement to Stacy Mobbs at (602) 364-4736. For questions, please contact Stacy Mobbs by telephone at (602) 364-4708 or by e-mail at smobbs@hs.state.az.us.

Office of Program Support Staff

If you need assistance, please contact your assigned Technical Assistant at:

Stacy Mobbs	Gila River Navajo Nation Pascua Yaqui	(602) 364-4708
Michael Carter	NARBHA PGBHA	(602) 364-4710
Eunice Argusta	CPSA-3 CPSA-5	(602) 364-4711
Javier Higuera	Excel Value Options	(602) 364-4712